



**Town of Wyoming
1 N. Railroad Avenue
Wyoming, DE 19934**

SCHOLARSHIP ELIGIBILITY

To be eligible, a student must:

- be a graduating senior of Caesar Rodney High School in Camden, Delaware
- be accepted into a 2-year or 4-year college/university or technical/vocational school
- currently reside in the Camden-Wyoming 19934 zip code
- demonstrate a commitment to the community and local service

To apply for the \$500.00 scholarship, a student must fill out the attached application form or pick one up from Wyoming Town Hall or the Caesar Rodney High School Guidance Department. A completed application consists of the following:

- The completed application form
- A copy of an acceptance letter to 2-year or 4-year college/university or technical/vocational school
- Two (2) letters of recommendation from teachers at C.R. High School
- A letter written by the student as to why he or she demonstrates a commitment to the community and local service

All applications will be reviewed by a committee and all decisions of the committee will be final. Incomplete forms may be disqualified by the committee. The committee will consist of the following members:

- The Mayor or one member of the Town Council appointed by the Mayor
- One member of the Wyoming Police Department
- One member at-large appointed by the Town Council

Completed application will need to be returned to Caesar Rodney High School Guidance Department no later than Wednesday, April 11, 2018.

Respectfully,

Frankie Dale Rife, Mayor
Town of Wyoming



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1 N. Railroad Avenue
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SCHOLARSHIP APPLICATION

Please complete this application in its entirety and return to Caesar Rodney High School Guidance Office on or before Wednesday, April 11, 2018. This application form shall be enclosed with all other required documents including acceptance letter from college/school, 2 letters of recommendations from teachers, written letter from student. Questions may be directed to Town of Wyoming, 1 N. Railroad Ave., Wyoming, DE 19934 or 302-697-2966.

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Date of Birth: _____

College Accepted to: _____

Major: _____

Student ID # _____

Scholarship Check Should Be Mailed To:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

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DO NOT WRITE BELOW THIS AREA:

Date Received: _____

Reviewer's Comments: _____
